

TOLEDO FIRE & RESCUE CADET APPLICATION

STUDENT FULL NAME: _____
Last First Middle

MAILING ADDRESS: _____

City State Zip Code

STREET ADDRESS: _____

City State Zip Code

HOME PHONE #: _____ MESSAGE PHONE: _____
SSN #: _____ DATE OF BIRTH: _____
ODL #: _____ EXP DATE: _____

ARE YOU WORKING - If so where: _____
Hours you work a week: _____

REFERENCES:
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Please list any vocational classes that you have been enrolled in at the high school level:
Class: _____ Grade: _____
Class: _____ Grade: _____
Class: _____ Grade: _____

ESSAY QUESTION

In 300 words or more, please explain why you want to participate in the Toledo Fire & Rescue Cadet Program. Please explain what you feel you will gain by your involvement in the program, and what the district will gain from your contribution. Your essay will be evaluated for content, format, punctuation, and spelling. Attach completed essay to this application.

I here-by certify that all of the statements made in this application are true and correct. I understand that any mis-representation may disqualify me from active participation in the cadet program.

Signature of Student: _____ Date: _____

**Toledo Fire & Rescue
Cadet Program
Parent/Guardian Letter**

Dear Parent/Guardian:

On behalf of Toledo Fire & Rescue, we would like to welcome your student to the Cadet Program. Your son/daughter is entering the fast paced world of firefighting, and emergency medicine. They will face all the associated challenges these professions have. Firefighting is indeed a profession. One that is steeped in tradition. The unselfish serving of fellow man being the most enduring. This is a demanding profession with extremely high standards. We will hold each new cadet to those standards while providing a safe learning environment in which to master skills of all sorts. Safety is our number one mission. We strive to provide the safest working, and training environment that emergency response will allow. We will not subject your son/daughter to negligent harm at any point. Candidates will be taught that life safety is our number one priority, starting with their own.

Toledo Fire & Rescue has a very exciting life planned for the cadets. There will be many activities for your son/daughter to master. Although not a part of the regular school day, cadets will be attending a minimum of one class per week at night. These classes will typically last two and one half-hours each session. Your son/daughter will need transportation to and from these classes.

As the parent/guardian it is important that you read through the entire application packet and fill out the parent/guardian portions. As the parent/guardian we encourage any questions, and comments. Of course we encourage your participation in the program at any level. We offer any support we can to you, and your son/daughter. Many times involvement with our fire department has resulted in a more focused teenager.

In return we ask three things from you.

- #1; Your full support for your son/daughter in their efforts.
- #2; We ask that you provide transportation to and from trainings.
- #3; We ask that you support the program overall.

We will be doing all that we can to keep cost to a minimum, however there may be some costs associated with some of the training such as the medical program. We will notified you of these classes in advance.

Thank you for your time and support for these young individuals who are willing to invest their time in the selfless pursuit of community service. Should you have any Questions please feel free to call me at 541-336-3311.

Toledo Fire Chief, Will Ewing

Parent/Guardian Consent Form

TF&R Cadet Program

The Toledo Fire Department requires drug testing for all cadet firefighters. The test are preformed at the expense of the department and scheduled by the Chief. We feel that the drug testing is an important phase of the program and lets the student know just how serious this is. We appreciate your support and should you have any questions regarding this or any other aspect please call me at 541-336-3311 ext 201.

PARENT/GUARDIAN: _____
NAME

PARENT/GUARDIAN: _____
NAME

HOME PHONE: _____

Work Phone: _____

Work Phone: _____

Emergency Contact: _____

Phone #: _____

Do you (parent/guardian) have reliable transportation: _____

Would you like to be a volunteer with you son/daughter: _____

Please indicate the best time and day for an interview with you and you son/daughter:

PLEASE SIGN BELOW TO GIVE CONSENT FOR YOU SON/DAUGHTER TO PARTICIPATE IN TOLEDO FIRE & RESCUE'S CADET PROGRAM.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian: _____ Date: _____

Signature of

AUTHORIZATION FOR EMERGENCY TREATMENT

This is to authorize emergency medical care and treatment for:

Student's Name

during the time frame of being in the Cadet Program with Toledo Fire & Rescue, in my absence.

Every reasonable effort will be made to contact me and/or our family physician if such action is necessary.

Mother, Father, Guardian

Mother, Father, Guardian

Home Phone: _____ Work Phone: _____

Insurance Company Name: _____

Policy #: _____

Insurance Company Phone #: _____

Student's Allergies or Special Medical Problems: _____

Family Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

I grant permission for the Toledo Fire & Rescue, Pacific West Ambulance, Emergency Medical Technicians and Paramedics to provide emergency medical treatment. I promise to pay all doctor bills not covered by the above insurance company, Toledo Fire Association's or City of Toledo's insurance provider. I release the Toledo Fire & Rescue, City of Toledo, and the Toledo Rural Fire Protection District for any unpaid bills.

Date: _____

Parent/Guardian Signature